

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Dirk Dedeaux
Address PO Box 2634 Gulfport MS 39505 County Harrison Pearl River
Telephone (Work) _____ (Home) (228) 255-6171 (Fax) _____
Contact Name Dirk Dedeaux Email Address _____
Office Sought State Representative District 93 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ____ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
____ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In this case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | (itemized + non-itemized) | Total This Period | Calendar year-to-date |
|----------------------------------|----------------------------|--------------------|-----------------------|
| Total amount of contributions \$ | <u>7,500.00 + \$</u> | \$ <u>7,500.00</u> | \$ <u>7,500.00</u> |
| Total amount of disbursements \$ | <u>1,216.39 + \$198.49</u> | \$ <u>702.10</u> | \$ <u>1,918.49</u> |
| Total amount of cash on hand \$ | | <u>36,888.29</u> | |

I certify that I have examined this report and, to the best of my knowledge and belief it is true, accurate, and complete.

Dirk Dedeaux
(Signature of Candidate)

1/15/09
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 16 2009

Secretary of State
Capitol Office

Name of Candidate or Committee

Dirk Dedeaux

Reporting period

Jan 08

through

Dec 31 08

ITEMIZED DISBURSEMENTS

| | | | |
|------------------------------------|-----------------------------------|---------------------------|--|
| A. Full name | <u>Art Supply Headquarters</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>707 Monroe St</u> | <u>5/22/08</u> | \$ <u>290.62</u> |
| City, State, Zip Code | <u>Jackson MS 39202</u> | <u>10/17/08</u> | \$ <u>76.77</u> |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>367.39</u> |
| B. Full name | <u>VPAC</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | <u>3/27/08</u> | \$ <u>500.00</u> |
| City, State, Zip Code | | <u>1/1/</u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>500.00</u> |
| C. Full name | <u>Knights of Columbus # 7087</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>20604 Hwy 603</u> | <u>8/10/08</u> | \$ <u>100.00</u> |
| City, State, Zip Code | <u>Kiln MS 39556</u> | <u>1/1/</u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>100.00</u> |
| D. Full name | <u>Stone Co Enterprise</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>PO Box 157</u> | <u>8/6/08</u> | \$ <u>25.00</u> |
| City, State, Zip Code | <u>Wiggins MS 39577</u> | <u>1/1/</u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>25.00</u> |
| E. Full name | <u>Lamar Times</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>126 Westover Drive</u> | <u>8/6/08</u> | \$ <u>24.00</u> |
| City, State, Zip Code | <u>Hattiesburg MS 39402</u> | <u>1/1/</u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ |
| F. Full name | <u>Bo Eaton Campaign</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>503 Gambrell St</u> | <u>11/10/08</u> | \$ <u>200.00</u> |
| City, State, Zip Code | <u>Taylorsville MS 39168</u> | <u>1/1/</u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>200.00</u> |

Name of Candidate or Committee Dirk Dedeaux Campaign
 Reporting period January 1 2008 through December 31 2008

ITEMIZED RECEIPTS

| | | | |
|---|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MS Assoc for Home Care</u> | | <u>12-1-08</u> | \$ <u>500.00</u> |
| Mailing Address <u>PO Box 1468</u> | | <u>1-1-</u> | \$ |
| City, State, Zip Code <u>Ridgeland MS 39158</u> | | <u>1-1-</u> | \$ |
| Name of Employer (Required) | | <u>1-1-</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>AT&T Political Action Comm</u> | | <u>12-1-08</u> | \$ <u>250.00</u> |
| Mailing Address <u>175 E Capitol St</u> | | <u>1-1-</u> | \$ |
| City, State, Zip Code <u>Landmark Center Room 703</u> | | <u>1-1-</u> | \$ |
| Name of Employer (Required) <u>Jackson MS 39201</u> | | <u>1-1-</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>250.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>IN kind</u> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>IN Kind Contribution -</u> | | <u>11-1-08</u> | \$ <u>150.00</u> |
| Mailing Address | | <u>1-1-</u> | \$ |
| City, State, Zip Code | | <u>1-1-</u> | \$ |
| Name of Employer (Required) | | <u>1-1-</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>150.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Baker Donelson PAC</u> | | <u>12-1-08</u> | \$ <u>500.00</u> |
| Mailing Address <u>PO Box 14167</u> | | <u>1-1-</u> | \$ |
| City, State, Zip Code <u>Jackson MS 39236</u> | | <u>1-1-</u> | \$ |
| Name of Employer (Required) | | <u>1-1-</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Dirk Dedeaux
 Reporting period Jan 08 through Dec 31 08

ITEMIZED RECEIPTS

| | | | |
|--|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>WYETH</u> | | <u>11/3/08</u> | \$ <u>250.00</u> |
| Mailing Address <u>Five Giralda Farms</u> | | <u>—/—/—</u> | \$ |
| City, State, Zip Code <u>Madison NJ 07940</u> | | <u>—/—/—</u> | \$ |
| Name of Employer (Required) | | <u>—/—/—</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>250.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MS Dental PAC</u> | | <u>9/3/08</u> | \$ <u>1000.00</u> |
| Mailing Address <u>2630 Ridgewood Rd Ste C</u> | | <u>—/—/—</u> | \$ |
| City, State, Zip Code <u>Jackson MS 39216-4920</u> | | <u>—/—/—</u> | \$ |
| Name of Employer (Required) | | <u>—/—/—</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>1000.00</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Astra Zeneca</u> | | <u>8/5/08</u> | \$ <u>600.00</u> |
| Mailing Address <u>PO Box 15437</u> | | <u>—/—/—</u> | \$ |
| City, State, Zip Code <u>Wilmington DE 19850-5437</u> | | <u>—/—/—</u> | \$ |
| Name of Employer (Required) | | <u>—/—/—</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>600.00</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Check into Cash of MS inc</u> | | <u>12/1/08</u> | \$ <u>250.00</u> |
| Mailing Address <u>PO Box 550</u> | | <u>—/—/—</u> | \$ |
| City, State, Zip Code <u>Cleveland TN 37364</u> | | <u>—/—/—</u> | \$ |
| Name of Employer (Required) | | <u>—/—/—</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |

Name of Candidate or Committee

Dirk Dedeaux

Reporting period

Jan 08

through

Dec 31, 08

ITEMIZED RECEIPTS

| | | | |
|--|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MS PACE</u> | | <u>8/10/08</u> | \$ <u>250.00</u> |
| Mailing Address <u>PO Box 5599</u> | | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>Pearl MS 39208</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>250.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>SEPRACOR</u> | | <u>11/3/08</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>84 Waterford Drive</u> | | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>Marlborough MA 01752</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>1,000.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>ABBOTT Laboratories Employee PAC</u> | | <u>11/3/08</u> | \$ <u>500.00</u> |
| Mailing Address <u>100 Abbott Park Rd</u> | | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>Abbott Park IL 60064</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MERCK</u> | | <u>11/3/08</u> | \$ <u>500.00</u> |
| Mailing Address <u>2479 Murfreesboro Rd</u> | | <u>1/1/</u> | \$ |
| City, State, Zip Code <u>Nashville TN 37217</u> | | <u>1/1/</u> | \$ |
| Name of Employer (Required) | | <u>1/1/</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Dirk Dedaux CampaignReporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

| | | | |
|--|--|---------------------------|--|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Eli Lilly and Company</u> | | <u>12-1-08</u> | \$ <u>500.00</u> |
| Mailing Address _____ | | <u>1-1-</u> | \$ |
| City, State, Zip Code <u>Indianapolis Indiana 46285</u> | | <u>1-1-</u> | \$ |
| Name of Employer (Required) _____ | | <u>1-1-</u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Bayer</u> | | <u>12-1-08</u> | \$ <u>500.00</u> |
| Mailing Address <u>100 Bayer Rd</u> | | <u>1-1-</u> | \$ |
| City, State, Zip Code <u>Pittsburg PA 15205</u> | | <u>1-1-</u> | \$ |
| Name of Employer (Required) _____ | | <u>1-1-</u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Pfizer</u> | | <u>12-1-08</u> | \$ <u>500.00</u> |
| Mailing Address <u>412 Main St - 201 B</u> | | <u>1-1-</u> | \$ |
| City, State, Zip Code <u>Franklin TN 37064</u> | | <u>1-1-</u> | \$ |
| Name of Employer (Required) _____ | | <u>1-1-</u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Motorola</u> | | <u>11-1-08</u> | \$ <u>250.00</u> |
| Mailing Address <u>PO Box 68429</u> | | <u>1-1-</u> | \$ |
| City, State, Zip Code <u>Schaumburg IL 60168</u> | | <u>1-1-</u> | \$ |
| Name of Employer (Required) _____ | | <u>1-1-</u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>250.00</u> |